



000803 Div 1  
IN THE US PATENT OFFICE

EXAMINER Wright

GROUP 1797

SN 10/069,017

FILED 1/30/04

BY Tanaami

SIRS:

STATEMENT UNDER RULE 1.97/8

Applicant is not aware of any added prior art, outside of the prior art already made of record in the above case, of which a request for continued examination is being filed herewith.

Respectfully

M. KOJIMA

MOONRAY KOJIMA

BOX 627

WILLIAMSTOWN, MA 01267

TEL (413)458-2880

I hereby certify that the correspondence upon which this notice is placed is being deposited with the US Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, Box 1450 Alexandria, VA 22313, or to US Trademark Office, 2900 Crystal Drive, Arlington, VA 22202, on the date set forth below. MOONRAY KOJIMA, ATTORNEY  
Date 12/3/08 (signed)

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Date 12/1/08 (signed)

DOCKET NO. -000803 Div 1  
IN THE US PATENT OFFICE

EXAMINER - Wright

GROUP - 1797

SN - 10/769,017

FILED - 1/30/04

BY - Tanaami

SIRS:

Document on which fee is calculated:

[ ☒ ] <sup>RCE</sup> Application [ ] Amendment

Entity Status: [ ☒ ] Non-small entity

[ ] Small Entity; [ ] cert. filed herewith [ ] Cert. filed priorly

APPLICATION (RCE)

Basic Fee				\$ 330.00
Main claims (-3)	<u>0</u>	x	\$	= \$ <u>0</u>
Total Claims (-20)	<u>0</u>	x	\$	= \$ <u>0</u>
Multiple Dep. [ ] Yes [ <input checked="" type="checkbox"/> ] No				\$ <u>0</u>
Examination				\$ <u>220.00</u>

AMENDMENT

TOTAL \$550.00

	After Amend.	Highst Prior					
Basic Fee						\$	
Main claims (-3)	<u>          </u>	<u>(-)</u>	<u>          </u>	=	<u>          </u>	x	\$ <u>          </u> = \$ <u>          </u>
Total Claims (-20)	<u>          </u>	<u>(-)</u>	<u>          </u>	=	<u>          </u>	x	\$ <u>          </u> = \$ <u>          </u>
Multiple Dep. 1st time [ ] Yes [ ] No.						\$	

DEFICIENCY \$

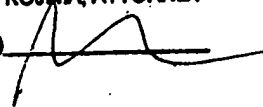
FEE DUE \$ 550.00 [ ] Enclosed herewith by check

[ ☒ ] Charge to DA 11-1500, duplicate attached.

MOONRAY KOJIMA  
BOX 627  
WILLIAMSTOWN, MA 01267  
Tel (413)458-2880

Respectfully,  
  
M. KOJIMA

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Main claims (-3) 0 x \$          = \$ 0

Total Claims (-20) 0 x \$          = \$ 0

Multiple Dep. ☐ Yes ☒ No \$ 0

Examination \$ 220.00

AMENDMENT

TOTAL \$550.00

	After Amend.	Highest Prior	
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Basic Fee			\$ <u>        </u>
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Main claims (-3)	<u>        </u> (-)	<u>        </u>	= <u>        </u> x \$ <u>        </u> = \$ <u>        </u>
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Total Claims (-20)	<u>        </u> (-)	<u>        </u>	= <u>        </u> x \$ <u>        </u> = \$ <u>        </u>
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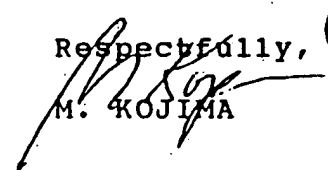
Multiple Dep. 1st time	<input type="checkbox"/> Yes <input type="checkbox"/> No.		\$ <u>        </u>
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DEFICIENCY \$         

FEE DUE \$ 550.00 ☐ Enclosed herewith by check

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COPY